Division of Administration

Office of Risk Management

Strategic Plan FY 2011-2012
Through FY 2015-2016

VISION: Five years in the future the Office of Risk Management will have an efficiently run comprehensive risk management (property and casualty) operations of which its customers/clients are greatly satisfied because their needs are met and provided through innovative and creative leadership focused on outcomes and improvements that promote a new image of the Office of Risk Management.

MISSION: The mission of the Office of Risk Management is to develop, direct, achieve and administer a cost effective comprehensive risk management program for all agencies, boards and commissions of the State of Louisiana and for any other entity for which the state has an equity interest, in order to preserve and protect the assets of the State of Louisiana.

PHILOSOPHY: The Philosophy of the Office of Risk Management is to assist in attaining the goals of the Administration by developing a professional, productive and dedicated staff which will produce a strong, effective and efficient risk management program that is sensitive to the needs of its client-user agencies.

GOAL: I   The Office of Risk Management will provide a comprehensive loss prevention program that will minimize losses and protect the assets of the state. Legal citation: R.S. #39: 1528-1543

      Objective: I: 1   Through June 30, 2016, the Office of Risk Management, through the Loss Prevention Program, will conduct comprehensive safety audits or recertifications on 100 % of state agencies participating in the Loss Prevention Program each fiscal year.

            Strategy I: 1:1   Maintain a program of conducting safety audits/recertifications on all participating state agencies.

Principal Clients: State agencies, legislature, DOA management.

External Factors: Agencies can misrepresent steps taken to prevent losses, participation in loss prevention program may be perceived to cost more than the reward derived from participation. Third party administrator.

Duplication of Effort: The responsibilities of ORM are established by statute; no other state agency provides the services or performs the type work that ORM does.

Goal I   **Objective 1**   **Performance Indicators**

Objective	Input	Output	Efficiency	Outcome
ORM/ Loss Prevention will conduct comprehensive safety audits or recertifications on 100 % of participating state agencies	Total number of participating agencies to be audited/recertified	Number of participating agencies audited/recertified	% of agencies participating audited/recertified	% of agencies participating audited/recertified

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary-ORM/ Loss Prevention Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Loss Prevention Program, will conduct comprehensive safety audits or recertifications on 100 % of state agencies participating in the Loss Prevention Program each fiscal year.

Indicator: Number of participating agencies to be audited/recertified.

1. What is the type of the indicator? Input.

2. What is the rationale for the indicator? Total number of participating agencies to be audited/recertified provides the measure against which the number of participating agencies audited/recertified is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management develops a schedule of the agencies to be audited/recertified based on budgeted agencies and whether the agency is participating in the program. The source is reliable.

4. What is the frequency and timing of collection or reporting? Collected after budget for FY is approved.

5. How is the indicator calculated? Is this a standard calculation? Count the number of participating agencies to be audited/recertified. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of participating agencies to be audited/recertified.

8. Who is responsible for data collection, analysis, and quality? ORM Loss Prevention Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? Depending on how each participating agency is set up and budgeted there could be differences from year to year. No. No.

10. How will the indicator be used in management decision making and other agency processes? The audit reports issued after the audits will help ORM identify problem areas and develop strategies for controlling and minimizing losses.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary-ORM/ Loss Prevention Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Loss Prevention Program, will conduct comprehensive safety audits or recertifications on 100 % of state agencies participating in the Loss Prevention Program each fiscal year.

Indicator: Number of agencies audited/recertified

1. What is the type of the indicator? Output

2. What is the rationale for the indicator? Total number of participating agencies audited/recertified is measured against the number of agencies to be audited/recertified.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the agencies audited/recertified and issue the agency an audit report. The source is reliable.

4. What is the frequency and timing of collection or reporting? Collected each quarter as audits are completed.

5. How is the indicator calculated? Is this a standard calculation? Count the number of agencies audited/recertified. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of agencies audited/recertified.

8. Who is responsible for data collection, analysis, and quality? ORM Loss Prevention Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? Depending on how each participating agency is set up and budgeted, there could be differences from year to year. No. No.

10. How will the indicator be used in management decision making and other agency processes? The audit reports issued after the audits will help ORM identify problem areas and develop strategies for controlling and minimizing losses.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary-ORM/ Loss Prevention Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Loss Prevention Program, will conduct comprehensive safety audits or recertifications on 100 % of state agencies participating in the Loss Prevention Program each fiscal year.

Indicator: Percentage of participating agencies to be audited/recertified.

1. What is the type of the indicator? Outcome.

2. What is the rationale for the indicator? Total percentage of participating agencies to be audited/recertified provides an indicator of the participating state agencies evaluated for safety and loss control.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management calculates the percentage of participating agencies audited/recertified. The source is reliable.

4. What is the frequency and timing of collection or reporting? Calculated each quarter as audits are completed.

5. How is the indicator calculated? Is this a standard calculation? Number of participating agencies audited/recertified / number of participating agencies to be audited/recertified. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No

7. Is the indicator an aggregate or disaggregate figure? The indicator is an Aggregate.

8. Who is responsible for data collection, analysis, and quality? ORM Loss Prevention Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? Depending on how the agency is set up and budgeted there could be differences from year to year. No. No.

10. How will the indicator be used in management decision making and other agency processes? The percentage of agencies audited/recertified will help management identify how much of the state is actively participating in loss control measures.

GOAL: II   To manage all state property and liability insurance through commercial insurance, self-insurance, or a combination of both utilizing sound management practices. Legal citation: R.S. #39: 1528-1543

Objective: II.1   Through June 30, 2016, the Office of Risk Management, through the Underwriting Unit, will maintain the review process for insurance requirements for all contracts, such as professional service, joint ventures, leases, construction, etc., submitted from all state agencies by reviewing 90% of contracts received within seven workdays.

Strategy II: 1:1   Train state agency personnel on recommended insurance requirements to be included in contracts between the state and contractors/vendors/lessors.

Strategy II: 1:2   Improve underwriters' efficiency through on the job training and additional specialized insurance coverage training.

Strategy II: 1:2   As improved technology becomes available, utilize the technology to speed the submission and review process.

Principal Clients: State agencies, legislature, DOA management.

External Factors: Agencies may provide insufficient information necessary for contract review process; there could be a dramatic increase in the number of requests received.

Duplication of Effort: The responsibilities of ORM are established by statute; no other state agency provides the services or performs the type work that ORM does. The Office of Contractual Review reviews contract terms; ORM reviews the insurance requirements outlined in any contracts submitted to ORM for review by state agencies. Both the Office of Contractual Review and the Office of State Purchasing also consult ORM on insurance requirements.

Goal II   Objective 1   Performance Indicators

Objective	Input	Output	Outcome
ORM/ Underwriting Unit, will maintain the review process for insurance requirements in contracts for all state agencies by reviewing 90% of contracts received within seven workdays	Number of contracts received for review of insurance requirements	Number of contracts received for review of insurance requirements and reviewed within seven workdays	% of contracts received for review of insurance requirements and reviewed within seven workdays

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/ Underwriting Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Underwriting Unit, will maintain the review process for insurance requirements in contracts for all state agencies by reviewing 90% of contracts received within seven workdays.

Indicator: Number of contracts received for review.

1. What is the type of the indicator? Input.

2. What is the rationale for the indicator? Total number of contracts received for review provides the measure against which the number of contracts reviewed is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of contracts received for review, the date received, the date reviewed, the number reviewed within seven workdays.   The source is reliable.

4. What is the frequency and timing of collection or reporting? The number of contracts received is recorded on a daily basis and reported on a quarterly basis.

5. How is the indicator calculated? Is this a standard calculation? Count the number of contracts received for review.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate count of the number of contracts received for review.

8. Who is responsible for data collection, analysis, and quality? ORM Underwriting Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of contracts received for review will help management to determine staffing levels. It will also be used to determine if agencies need further education on the contract review process and the proper language needed in contracts to minimize the state's exposure.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/ Underwriting Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Underwriting Unit, will maintain the review process for insurance requirements in contracts for all state agencies by reviewing 90% of contracts received within seven workdays.

Indicator: Number of contracts reviewed.

1. What is the type of the indicator? Output.

2. What is the rationale for the indicator? Total number of contracts reviewed is measured against the number of contracts received for review.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of contracts received for review, the date received, the date reviewed, the number reviewed within seven days.   The source is reliable.

4. What is the frequency and timing of collection or reporting? The number of contracts reviewed within seven days is recorded on a daily basis and reported on a quarterly basis.

5. How is the indicator calculated? Is this a standard calculation? Count the number of contracts reviewed within seven days.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate count of the number reviewed within seven days.

8. Who is responsible for data collection, analysis, and quality? ORM Underwriting Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of contracts reviewed will help management to determine staffing levels. It will also be used to determine if agencies need further education on the contract review process and the proper language needed in contracts to minimize the state's exposure.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/ Underwriting Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Underwriting Unit, will maintain the review process for insurance requirements in contracts for all state agencies by reviewing 90% of contracts received within seven workdays.

Indicator: Percentage of contracts reviewed within seven workdays.

1. What is the type of the indicator? Outcome.

2. What is the rationale for the indicator? Percentage of contracts reviewed provides a measure of performance for the number of contracts received for review against which the number of contracts reviewed is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of contracts received for review, the date received, the date reviewed, the number reviewed within seven days.   The source is reliable.

4. What is the frequency and timing of collection or reporting? The number of contracts received is recorded on a daily basis and percentage of contracts reviewed in seven days is calculated and reported on a quarterly basis.

5. How is the indicator calculated? Is this a standard calculation? Number of contracts reviewed within seven workdays / Number of contracts received for review.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No

7. Is the indicator an aggregate or disaggregate figure? The indicator is a disaggregate ratio comparing the number of contracts reviewed to the number of contracts received for review.

8. Who is responsible for data collection, analysis, and quality? ORM Underwriting Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The percentage of contracts reviewed within seven days will help management to determine staffing levels and whether the process is efficient and effective. It will also be used to determine if agencies need further education on the contract review process and the proper language needed in contracts to minimize the state's exposure.

GOAL: II   To manage all state property and liability insurance through commercial insurance, self-insurance, or a combination of both utilizing sound management practices. Legal citation: R.S. #39: 1528-1543

Objective: II: 2   Through June 30, 2016, the Office of Risk Management, through the Underwriting Unit, will maintain the insurance certification process for all state agencies by issuing 95% of requested insurance certificates within three workdays.

Strategy II: 2:1   Utilize newly available technology to issue and deliver certificates.

Strategy II: 2:2   Utilize more experienced underwriters to train the less experienced underwriters in how to determine which coverages are needed and issue the appropriate certificates after reviewing contract requirements.

Principal Clients: Insureds (state agencies), vendors, DOA management.

External Factors: Agencies provide insufficient information necessary for certification process, a dramatic increase in the number of requests received.

Duplication of Effort: The responsibilities of ORM are established by statute; no other state agency provides the services or performs the type work that ORM does.

Goal II   **Objective 2**   **Performance Indicators**

Objective	Input	Output	Outcome
ORM/Underwriting Unit will maintain the insurance certification process for all state agencies by issuing 95% of requested insurance certificates within three workdays.	Number of requests for certificates to be issued	Number of certificates issued within three workdays	% of certificates issued within three workdays

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Underwriting Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Underwriting Unit, will maintain the insurance certification process for all state agencies by issuing 95% of requested insurance certificates within three workdays.

Indicator: Number of certificates requested

1. What is the type of the indicator? Input.

2. What is the rationale for the indicator? Total number of certificates requested provides the measure against which the number of certificates issued is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of requests for certificates received. The source is reliable.

4. What is the frequency and timing of collection or reporting? Collected as requests for certificates are received for review

5. How is the indicator calculated? Is this a standard calculation? Count the number of requests for certificates received. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of requests for certificates received.

8. Who is responsible for data collection, analysis, and quality? ORM Underwriting Unit

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of requests for certificates received will help management to determine staffing levels. It will also be used to determine if agencies need further education on the certification process and the proper language needed in contracts to minimize the state's exposure.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Underwriting Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Underwriting Unit, will maintain the insurance certification process for all state agencies by issuing 95% of requested insurance certificates within three workdays.

Indicator: Number of certificates issued

1. What is the type of the indicator? Output.

2. What is the rationale for the indicator? Total number of certificates issued is measured against the number of certificates requested.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the date the request is received, how many requests are received, the date the certificate is issued, and how many certificates are issued. The source is reliable.

4. What is the frequency and timing of collection or reporting? Collected as requests for certificates are issued.

5. How is the indicator calculated? Is this a standard calculation? Count the number of requests for certificates issued within three days and the number issued in more than three days. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of certificates issued.

8. Who is responsible for data collection, analysis, and quality? ORM Underwriting Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of certificates issued will help management to determine staffing levels. It will also be used to determine if agencies need further education on the certification process and the proper language needed in contracts to minimize the state's exposure.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Underwriting Unit

Objective: Through June 30, 2016, the Office of Risk Management, through the Underwriting Unit, will maintain the insurance certification process for all state agencies by issuing 95% of requested insurance certificates within three workdays.

Indicator: Percentage of certificates issued within three days

1. What is the type of the indicator? Outcome.

2. What is the rationale for the indicator? Total number of certificates issued is measured against the number of certificates requested.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the date the request is received, how many requests are received, the date the certificate is issued, and how many certificates are issued. This data is used to calculate the percentage of certificates issued within three days time. The source is reliable.

4. What is the frequency and timing of collection or reporting? Calculated quarterly.

5. How is the indicator calculated? Is this a standard calculation? Number of certificates issued within three days / number of requests received. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is a disaggregate ratio.

8. Who is responsible for data collection, analysis, and quality? ORM Underwriting Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No.

10. How will the indicator be used in management decision making and other agency processes? The percentage of certificates issued will help management to determine staffing levels. It will also be used to determine if agencies need further education on the certification process and the proper language needed in contracts to minimize the state's exposure.

GOAL: II   To manage all state property and liability insurance through commercial insurance, self-insurance, or a combination of both utilizing sound management practices. Legal citation: R.S. #39: 1528-1543

Objective: II: 3   By June 30, 2016, the Office of Risk Management, through the claims process, will obtain a recovery on at least 50% of the claims which ultimately qualify for subrogation.

Strategy II: 3:1   Increase number of claims reviewed to determine those qualifying for subrogation.

Strategy II: 3:2   Contact third parties liable for losses and claims, which could result in legal action by ORM for collection.

Principal Clients: State employees, state agencies, legislature, DOA management.

External Factors: Third parties may have insufficient resources to pay damages caused or may become un-locatable. Third party administrator.

Duplication of Effort: The responsibilities of ORM are established by statute; no other state agency provides the services or performs the type work that ORM does.

Goal II   Objective 3   Performance Indicators

Objective	Input	Output	Outcome
ORM/ Claims Unit will recover on at least 50% of the claims, which qualify for subrogation.	Number of claims which qualify for subrogation	Number of claims for which subrogation was recovered	% of claims subrogation recovered on

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Claims

Objective: II: 3   By June 30, 2016, the Office of Risk Management, through the claims process, will obtain a recovery
                             on at least 50% of the claims which ultimately qualify for subrogation.

Indicator: Number of claims which qualify for subrogation

1. What is the type of the indicator? Input.

2. What is the rationale for the indicator? Total number of claims qualifying for subrogation provides the measure
    against which the number of claims on which subrogation is recovered is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data
    includes a record of the number of claims that qualify for subrogation. The source is reliable.

4. What is the frequency and timing of collection or reporting? Data is recorded as requests for claims that qualify for
    subrogation are reported.

5. How is the indicator calculated? Is this a standard calculation? Count the number of claims that qualify for
    subrogation. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them.   Subrogation - the
    right of the insurance company to recover claims paid, if the payments result from the fault of another individual or
    entity.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of claims
    qualified for subrogation.

8. Who is responsible for data collection, analysis, and quality? ORM Claims Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? It will be used to determine the efficiency of the subrogation process through comparison with the number of claims for which subrogation is recovered.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Claims

Objective: II: 3   By June 30, 2016, the Office of Risk Management, through the claims process, will obtain a recovery on at least 50% of the claims which ultimately qualify for subrogation.

Indicator: Number of claims for which subrogation is recovered.

1. What is the type of the indicator? Output

2. What is the rationale for the indicator? Total number of claims for which subrogation is recovered is measured against the number of claims that qualify for subrogation.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data includes a record of claims that qualify for subrogation, claims that reflect recovery, and the amount of recovery. The source is reliable.

4. What is the frequency and timing of collection or reporting? Data is recorded as recoveries are made.

5. How is the indicator calculated? Is this a standard calculation? Count the number of claims for which subrogation is recovered. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. Subrogation - the right of the insurance company to recover claims paid, if the payments result from the fault of another individual or entity.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of claims for which subrogation is recovered.

8. Who is responsible for data collection, analysis, and quality? ORM Claims Unit.

9. Does the indicator have limitations or weaknesses? If so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? It will be used to determine the efficiency of the claims process through comparison with the number of claims for which subrogation is recovered.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Claims

Objective: II: 3   By June 30, 2016, the Office of Risk Management, through the claims process, will obtain a recovery on at least 50% of the claims which ultimately qualify for subrogation.

Indicator: Percentage of claims for which subrogation was recovered

1. What is the type of the indicator? Outcome.

2. What is the rationale for the indicator? Total number of subrogable claims are measured against the number of claims for which subrogation was recovered providing a percentage of claim recoveries, an indication of the performance of the claims process.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data includes a record of claims that qualify for subrogation, claims that reflect recovery, and the amount of recovery. The source is reliable.

4. What is the frequency and timing of collection or reporting? Calculated quarterly.

5. How is the indicator calculated? Is this a standard calculation? Number of claims which subrogation was recovered on /number of subrogable claims. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them.
    - Subrogation - the right of the insurance company to recover claims paid, if the payments result from the fault of another individual or entity.

7. Is the indicator an aggregate or disaggregate figure? The indicator is a disaggregate ratio.

8. Who is responsible for data collection, analysis, and quality? ORM Claims Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The indicator will help management determine if procedures are adequate to ensure the state is recovering on as many losses as possible in order to minimize losses for the state. It will also be used to determine the efficiency of the claims process through comparison with the number of claims for which subrogation is recovered.

GOAL: II To manage all state property and liability insurance through commercial insurance, self-insurance, or a combination of both utilizing sound management practices. Legal citation: R.S. #39: 1528-1543.

Objective: II: 4 By June 30, 2016, the Office of Risk Management, through the Claims Unit, will ensure at least 75% of new claims are entered within three workdays of receipt.

Strategy II: 4:1 Provide training to state agencies to improve accuracy and integrity of claims reporting information.

Strategy II: 4:2 Monitor risk management information system.

Principal Clients: State employees, state agencies, legislature, DOA management.

External Factors: Agencies have no real incentive to report claims in a timely manner and therefore may not report claims as they should, making it impossible to fulfill the objective. Third party administrator.

Duplication of Effort: The responsibilities of ORM are established by statute; no other state agency provides the services or performs the type work that ORM does.

Goal II   **Objective 4**   **Performance Indicators**

Objective	Input	Output	Outcome
ORM/ Claims Unit, will ensure at least 75% of new claims are entered within three workdays of receipt.	Number of claims reported	Number of claims entered within three workdays	% of claims entered within three workdays

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary: ORM/Claims

Objective: By June 30, 2016, the Office of Risk Management, through the Claims Unit, will ensure at least 75% of new claims are entered within three workdays of receipt.

Indicator: Number of claims reported

1. What is the type of the indicator? Input.

2. What is the rationale for the indicator? Total number of claims reported provides the measure against which the number of claims entered within three workdays is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data includes a record of the number of claims reported. The source is reliable.

4. What is the frequency and timing of collection or reporting? Collected as claims are reported.

5. How is the indicator calculated? Is this a standard calculation? Count the number of claims, which are reported. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of claims reported.

8. Who is responsible for data collection, analysis, and quality? ORM IT and Claims Units.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of claims reported will help management determine the efficiency of the claims process through comparison with the number of claims entered within three workdays. It is a recognized industry standard that claims reported sooner ultimately cost less.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary: ORM/Claims

Objective: By June 30, 2016, the Office of Risk Management, through the Claims Unit, will ensure at least 75% of new claims are entered within three workdays of receipt.

Indicator: Number of claims entered within three workdays.

1. What is the type of the indicator? Output.

2. What is the rationale for the indicator? Total number of claims entered within three workdays is measured against the number of claims reported.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data includes a record of claims reported, the entry date of claims, and the number of claims entered within three days. The source is reliable.

4. What is the frequency and timing of collection or reporting? Collected as claims are reported and entered.

5. How is the indicator calculated? Is this a standard calculation? Count the number of claims entered within three days. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of claims entered within three days.

8. Who is responsible for data collection, analysis, and quality? ORM IT and Claims Units

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? It will be used to determine the efficiency of the claims process through comparison with the number of claims entered within three workdays. It is a recognized industry standard that claims reported sooner ultimately cost less.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary: ORM/Claims

Objective: By June 30, 2016, the Office of Risk Management, through the Claims Unit, will ensure at least 75% of new claims are entered within three workdays of receipt.

Indicator: Percentage of claims entered within three workdays

1. What is the type of the indicator? Outcome.

2. What is the rationale for the indicator? Total number of claims which were reported are measured against the number of claims reported giving a percentage of claims entered within three workdays.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data includes reported date, entry date, and the number of claims entered within three days. The source is reliable.

4. What is the frequency and timing of collection or reporting? Calculated quarterly.

27

5. How is the indicator calculated? Is this a standard calculation? Number of claims entered within three days / number of claims reported. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is a disaggregate ratio.

8. Who is responsible for data collection, analysis, and quality? ORM IT and Claims Units.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The percentage of claims entered within three days will help management determine the efficiency of the claims process. It is a recognized industry standard that claims reported sooner ultimately cost less.

GOAL: II To manage all state property and liability insurance through commercial insurance, self-insurance, or a combination of both utilizing sound management practices. Legal citation: R.S. #39: 1528-1543

Objective: II: 5 By June 30, 2016, the Office of Risk Management, through the Claims Unit, will close 30% of non-litigated claims reported within 90 days of receipt.

Strategy II: 5:1 Improve internal processes through greater use of available technology, such as interfaces among systems, document imaging, and online claims reporting.

Principal Clients: State employees, state agencies, legislature, DOA management.

External Factors: Agencies have no real incentive to report claims in a timely manner and therefore may not report claims as they should, making it impossible for claims to fulfill the objective. Catastrophic incidents will affect the ability to meet this objective. Third party administrator.

Duplication of Effort: The responsibilities of ORM are established by statute; no other state agency provides the services or performs the type work that ORM does.

Goal II   Objective 5   Performance Indicators

Objective	Input	Output	Outcome
ORM/ Claims Unit, will close 30% of non-litigated claims reported within 90 days of receipt.	Number of claims reported	Number of non-litigated claims closed within 90 days of being receipt	% of non-litigated claims closed within 90 days

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary ORM/Claims

Objective: By June 30, 2016, the Office of Risk Management, through the Claims Unit, will close 30% of non-litigated claims reported within 90 days of claim receipt.

Indicator: Number of claims reported

1. What is the type of the indicator? Input.

2. What is the rationale for the indicator? Total number of claims reported provides the measure against which the number of claims closed is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data includes a record of the number of claims reported. The source is reliable.

4. What is the frequency and timing of collection or reporting? Collected as claims are reported.

5. How is the indicator calculated? Is this a standard calculation?   Count the number of claims, which are reported. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of claims reported.

8. Who is responsible for data collection, analysis, and quality? ORM IT and Claims Units.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of non-litigated claims reported will help management determine the efficiency of the claims process through comparison with the number of non-litigated claims closed within 90 days. It is a recognized industry standard that claims reported and closed sooner ultimately cost less. A change in the number of claims reported may help demonstrate the effectiveness of the loss prevention program.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary ORM/Claims

Objective: By June 30, 2016, the Office of Risk Management, through the Claims Unit, will close 30% of non-litigated claims reported within 90 days of receipt.

Indicator: Number of non-litigated claims closed within 90 workdays.

1. What is the type of the indicator? Output.

2. What is the rationale for the indicator? Total number of non-litigated claims closed within 90 days is measured against the number of claims reported.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data includes records of claims reported, close date of claims, and number of non-litigated claims closed within 90 days. The source is reliable.

4. What is the frequency and timing of collection or reporting? Collected as non-litigated claims are reported and closed.

5. How is the indicator calculated? Is this a standard calculation?   Count the number of non-litigated claims closed within 90 days. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate total of the number of non-litigated claims closed within 90 days.

8. Who is responsible for data collection, analysis, and quality? ORM IT and Claims Units.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of claims closed within 90 workdays may help management to determine the efficiency of the claims process through comparison with the number of non-litigated claims closed within 90 days. It is a recognized industry standard that claims reported and closed sooner ultimately cost less. However, careful consideration must be given to the complexity of the claims reported since the amount of time to close a claim is directly affected by the complexity of the claim.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary ORM/Claims

Objective: By June 30, 2016, the Office of Risk Management, through the Claims Unit, will close 30% of non-litigated claims reported within 90 days of receipt.

Indicator: Percentage of non-litigated claims closed within 90 days

1. What is the type of the indicator? Outcome.

2. What is the rationale for the indicator? Total number of non-litigated claims which were reported are measured against the number of non-litigated claims closed within 90 days, giving a percentage of non-litigated claims closed within 90 workdays.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management claims data includes records of claims reported, close date of claims, and number of non-litigated claims closed within 90 days. The source is reliable.

4. What is the frequency and timing of collection or reporting? Calculated quarterly.

5. How is the indicator calculated? Is this a standard calculation? Number of non-litigated claims closed within 90 days / number of claims reported. Yes.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate ratio.

8. Who is responsible for data collection, analysis, and quality? ORM IT and Claims Units.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The indicator will be used to determine the efficiency of the claims process on certain types of claims. It is a recognized industry standard that claims reported and closed sooner ultimately cost less.

GOAL: II   To manage all state property and liability insurance through commercial insurance, self-insurance, or a combination of both utilizing sound management practices. Legal citation: R.S. #39: 1528-1543

Objective: II: 6   Through June 30, 2016, the Office of Risk Management, through the Contracts Unit, will issue 90% of contracts within three weeks of assignment. (Issuance of contracts is the process involving receipt of contract request, obtaining all documentation required, typing the contract, entry of the contract in the ISIS Contract Management System, and distribution of the contract for signatures.)

Strategy II: 6:1   Utilize technology to facilitate receipt of requests, preparation of documentation, and preparation of contract.

Principal Clients: ORM insured state agencies, ORM adjusters, ORM and DOA management, contractors.

External Factors: Contractors may not provide all information necessary to process contracts in a timely manner; a dramatic increase in the number of requests received could occur; attorney general's office could recommend contract attorneys handle an increased number of cases. Third party administrator.

Duplication of Effort: The responsibilities of ORM are established by statute; no other state agency provides the services or performs the type work that ORM does.

Goal II   Objective 6   Performance Indicators

Objective	Input	Output	Outcome
ORM/ Contracts Unit will issue 90% of contracts within three weeks of assignment.	Number of contracts requested	Number of contracts issued within three weeks	% of contracts issued within three weeks

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Contract Litigation

Objective: Through June 30, 2016, the Office of Risk Management, through the Contracts Unit, will issue 90% of contracts within three weeks of assignment.

Indicator: Number of contracts requested

1. What is the type of the indicator? Input.

2. What is the rationale for the indicator? Total number of contract requests received provides the measure against which the number of contracts issued is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of contracts requested, the date received, the date issued, the number issued within three weeks.   The source is reliable.

4. What is the frequency and timing of collection or reporting? The number of contract requests received is reported on a quarterly basis.

5. How is the indicator calculated? Is this a standard calculation?   Count the number of contract requests received.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate count of the number of contract requests received.

8. Who is responsible for data collection, analysis, and quality? ORM Contracts Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of contract requests received will help management to determine staffing levels. It will also be used as an indicator of whether the attorney general's office is keeping the number of cases they should for defense of the state or if an inordinate number of cases are being assigned to contract attorneys.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Contract Litigation

Objective: Through June 30, 2016, the Office of Risk Management, through the Contracts Unit, will issue 90% of contracts within three weeks of assignment.

Indicator: Number of contracts issued

1. What is the type of the indicator? Output.

2. What is the rationale for the indicator? Total number of contracts issued is measured against the number of contract requests received.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of contracts requested, the date received, the date issued, the number issued within three weeks.   The source is reliable.

4. What is the frequency and timing of collection or reporting? The number of contracts issued within three weeks is reported on a quarterly basis.

5. How is the indicator calculated? Is this a standard calculation? Count the number of contracts issued within three weeks.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate count of the number of contracts issued within three weeks.

8. Who is responsible for data collection, analysis, and quality? ORM Contracts Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of contract requests received will help management to determine staffing levels. It will also be used as an indicator of whether the attorney general's office is keeping the number of cases they should for defense of the state or if an inordinate number of cases are being assigned to contract attorneys.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Contract Litigation

Objective: Through June 30, 2016, the Office of Risk Management, through the Contracts Unit, will issue 90% of contracts within three weeks of assignment.

Indicator: Percentage of contracts issued within three weeks

1. What is the type of the indicator? Outcome

2. What is the rationale for the indicator? Percentage of contracts issued within three weeks provides a measure of performance; the number of contracts issued within three weeks is measured against the number of contract requests received.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of contracts requested, the date received, the date issued, the number issued within three weeks.   The source is reliable.

4. What is the frequency and timing of collection or reporting? The percentage of contracts issued within three weeks is calculated and reported on a quarterly basis.

5. How is the indicator calculated? Is this a standard calculation? Number of contracts issued within three weeks/ Number of contract requests received.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is a disaggregate ratio comparing the number of contract requests received to the number of contracts issued within three weeks.

8. Who is responsible for data collection, analysis, and quality? ORM Contracts Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of contract requests received will help management to determine staffing levels. It will also be used as an indicator of whether the attorney general's office is keeping the number of cases they should for defense of the state or if an inordinate number of cases are being assigned to contract attorneys.

GOAL: II   To manage all state property and liability insurance through commercial insurance, self-insurance, or a combination of both utilizing sound management practices. Legal citation: R.S. #39: 1528-1543

Objective: II: 7   Through June 30, 2016, the Office of Risk Management, through the Accounting Unit, will enter 100% of the cost allocations for the Department of Justice's Division of Risk Litigation (DRL) costs to each claim represented by the DRL within 45 days of receipt of DRL report.

Strategy II: 7:1   Communicate with and train DOJ/DRL personnel to eliminate input error to facilitate entry into the claims system.

Principal Clients: Legislature, DOA management, DOJ/DRL.

External Factors: Claim numbers submitted on DRL billing may be incorrect. Third party administrator.

Duplication of Effort: The responsibilities of ORM are established by statute; no other state agency provides the services or performs the type work that ORM does.

Goal II   Objective 7   Performance Indicators

Objective	Input	Output	Outcome
ORM/ Accounting Unit, will enter 100% of the cost allocations for the Department of Justice's Division of Risk Litigation (DRL) costs to each claim represented by the DRL within 45 days of receipt of DRL report.	Number of entries billed	Number of entries entered	% of entries entered within 45 days of receipt

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Risk Litigation

Objective: Through June 30, 2016, the Office of Risk Management, through the Accounting Unit, will enter 100% of the cost allocations for the Department of Justice's Division of Risk Litigation (DRL) costs to each claim represented by the DRL within 45 days of receipt of DRL report.

Indicator: Number of entries billed

1. What is the type of the indicator? Input.

2. What is the rationale for the indicator? Total number of entries billed provides the measure against which the number of entries entered is to be gauged.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of billing entries received, the date received, the date entered, the number entered within 45 days.   The source is reliable.

4. What is the frequency and timing of collection or reporting? Billings occur on a monthly basis, reporting is done on a yearly basis due to the timing of receipt of the bills.

5. How is the indicator calculated? Is this a standard calculation? Count the number of entries billed.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No.

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate count of the number of billing entries received.

8. Who is responsible for data collection, analysis, and quality? ORM Accounting Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? The number of contract requests received will help management to determine whether the attorney general's office is keeping the number of cases they should for defense of the state or if an inordinate number of cases are being assigned to contract attorneys.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Risk Litigation

Objective: Through June 30, 2016, the Office of Risk Management, through the Accounting Unit, will enter 100% of the cost allocations for the Department of Justice's Division of Risk Litigation (DRL) costs to each claim represented by the DRL within 45 days of receipt of DRL report.

Indicator: Number of billing entries entered

1. What is the type of the indicator? Output.

2. What is the rationale for the indicator? Total number of billing entries entered is measured against the number of billing entries received.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of billing entries received, the date received, the date entered, the number entered within 45 days.   The source is reliable.

4. What is the frequency and timing of collection or reporting? Billings occur on a monthly basis, reporting is done on a yearly basis due to the timing of receipt of the bills.

5. How is the indicator calculated? Is this a standard calculation? Count the number of entries entered within 45 days.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No

7. Is the indicator an aggregate or disaggregate figure? The indicator is an aggregate count of the number of entries entered within 45 days of receipt.

8. Who is responsible for data collection, analysis, and quality? ORM Accounting Unit.

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? This indicator may be used to compare DOJ/DRL costs to those of contract attorneys. It should be noted that the sole purpose of this program is to fund DOJ/DRL expenses in conjunction with DOJ/DRL defending ORM claims. There is actually no activity in this program other than to fund expenses. The actual activity needed to measure performance is under the scope of the Administrative Program and DOJ/DRL, therefore these factors are minimally useful for management decisions.

PERFORMANCE INDICATOR DOCUMENTATION

Program: Ancillary- ORM/Risk Litigation

Objective: Through June 30, 2016, the Office of Risk Management, through the Accounting Unit, will enter 100% of the cost allocations for the Department of Justice's Division of Risk Litigation (DRL) costs to each claim represented by the DRL within 45 days of receipt of DRL report.

Indicator: Percentage of billing entries entered within 45 days

1. What is the type of the indicator? Outcome

2. What is the rationale for the indicator? Percentage of entries entered within 45 days is the only performance measure connected with this program that can be affected by activity within ORM.

3. What is the source of the indicator? How reliable is the source? The Office of Risk Management records the number of billing entries received, the date received, the date entered, the number entered within 45 days.   The source is reliable.

4. What is the frequency and timing of collection or reporting? The Billings occur on a monthly basis, reporting is done on a yearly basis due to the timing of receipt of the bills.

5. How is the indicator calculated? Is this a standard calculation? Number of billing entries entered within 45 days/ Number of billing entries received.

6. Does the indicator contain jargon, acronyms, or unclear terms? If so, clarify or define them. No

7. Is the indicator an aggregate or disaggregate figure? The indicator is a disaggregate ratio comparing the number of billing entries received to the number of entries entered within 45 days of receipt.

8. Who is responsible for data collection, analysis, and quality? ORM Accounting Unit

9. Does the indicator have limitations or weaknesses if so, explain. Is the indicator a proxy or surrogate? Does the source of the data have a bias or agenda? No. No. No.

10. How will the indicator be used in management decision making and other agency processes? This indicator may help management to determine staffing levels. It may be used to compare DOJ/DRL costs to those of contract attorneys. However, it should be noted that the sole purpose of this program is to fund DOJ/DRL expenses in conjunction with DOJ/DRL defending ORM claims. There is actually no activity in this program other than to fund expenses. The actual activity needed to measure performance is under the scope of the Administrative Program and DOJ/DRL, therefore these factors are minimally useful for management decisions